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## BIB DATA SHEET

CONFIRMATION NO. 7497

<b>SERIAL NUMBER</b> 10/743,118	<b>FILING or 371(c) DATE</b> 12/22/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 208-015US1	
<b>APPLICANTS</b> Fred Wehling, New Hope, MN; Mary Aldritt, Excelsior, MN; Robert E. Lee, Hudson, WI; Jason A. Kallestad, Minneapolis, MN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/01/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JAGADISHWAR RAO Acknowledged SAMALA/ Examiner's Signature	<input type="checkbox"/> Met after Allowance SJ Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> ALLISON JOHNSON, P.A. LAKE CALHOUN EXECUTIVE CENTER 3033 EXCELSIOR BLVD., SUITE 467 MINNEAPOLIS, MN 55416 UNITED STATES					
<b>TITLE</b> Therapeutic effervescent composition					
<b>FILING FEE RECEIVED</b> 637	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		